Best Available Copy
PART B—ISSUE FEE TRANSMITTAL

Compile and mail this fact together with applicable fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231



MAILING I his form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be Note: The certificate of mailing below can only be used for domestic leted where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Certificate of Mailing CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class MM92/0213 mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. KRISTOFER E. HALVORSON THE HALVORSON LAW FIRM, P.C. 405 W. SOUTHERN AVE., SUITE 1 (Depositor's name) TEMPLE AR 85282-4552 (Signature) (Date) EXAMINER AND GROUP ART UNIT APPLICATION NO. **FILING DATE** TOTAL CLAIMS **DATE MAILED** 09/144,920 09/01/98 034 NGUYEN. 2877 02/13/01 First Named GRIFFIN, 35 USC 154(b) term ext. = 0 Days. Applicant TITLE OF OPTICAL FIBER WITH NUMERICAL APERTURE COMPRESSION INVENTION ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 2 406-011 385-043.000 C05 UTILITY YES \$620.00 05/14/01 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attomeys or agents OR, atternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a mber a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attomeys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for ☐ Advance Order - # of Copies_ filing en assignment (A) NAME OF ASSIGNEE Inva Chite Inc. 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) (Sex. X) DEPOSIT ACCOUNT NUMBER. (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual / ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date 00000219 09144920 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.